

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-14-08</u>	2 Serial/Patent # <u>10/519848</u>
3 Please refund the following fee(s):	
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER
<input type="checkbox"/> Amendment	5 DATE FILED
<input type="checkbox"/> Extension of Time	6 AMOUNT
<input type="checkbox"/> Notice of Appeal/Appeal	\$ <u>100</u>
<input type="checkbox"/> Petition	\$
<input type="checkbox"/> Issue	\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$
<input type="checkbox"/> Other	\$
7 TOTAL AMOUNT OF REFUND <u>\$ 100</u>	
8 TO BE REFUNDED BY:	
10 REASON:	Treasury Check
<input checked="" type="checkbox"/> Overpayment	Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment	9 <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/>
No Fee Due (Explanation):  <i>Credit Card refund</i>	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>John Anderson</u>	
SIGNATURE: <u>John L. Anderson</u>	
OFFICE: <u>PCP DO/EO</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B